PC-CRTU *in Contact*

Issue 22 – Autumn 2010

Editorial

Welcome to the PC-CRTU *in Contact* Newsletter for autumn 2010.

Introducing the new Clinical Director for MidReC

Dr Helen Stokes-Lampard took over from Professor Richard McManus as Clinical Director for MidReC in March this year. Having worked at the department of Primary Care in Birmingham for a decade and being actively involved with the Royal College of General Practitioners (RCGP) she may be known to many of you, however, for those who haven't yet met Helen, she summarises her experience and research qualifications below.

I qualified from St George's Hospital Medical School in 1996. Having spent a few years contemplating a career in Gynaecology, my Damascene conversion to Academic Primary Care came in 2000 when I accepted a place on an innovative Academic Registrar Scheme in Birmingham. I completed my GP training at Jiggins Lane Medical Centre, Bartley Green, whilst simultaneously starting a research and teaching career in the Department of Primary Care, here in the University of Birmingham. I subsequently accepted a part-time partnership at The Cloisters Medical Practice, Lichfield, in 2002, a busy, happy practice where I remain.

I completed my MSc in Primary Care research methodology in 2003 and continued working part-time in the Primary Care department as a Clinical Research Fellow. In 2005 I secured a prestigious national research fellowship (NIHR) to fund me to undertake a PhD (part-time) which I was awarded in July 2010. My research interests are varied, with the main focus on gynaecological cancer screening, while my other research interests include the benefits of exercise on female health, sexual health, epidemiology, cancer screening and systematic reviews. I have been mentored throughout my research career by Professor Sue Wilson, and remain an active member of the Cancer and Chronic Diseases Research Team. I have recently been awarded a post-doctoral Academic Clinical Lecturer fellowship from the NIHR to continue my personal research programme alongside my commitment to MidReC.

I have been involved as a national representative for GPs in training at the RCGP from 2001 and obtained full membership in 2002. I have been active in the College ever since, having sat on several committees and been involved in the revision of the MRCGP Examination. Currently I am Honorary Treasurer for the Midland Faculty and a member of the central College Audit Committee. In November 2010 I will receive Fellowship of the RCGP.

My role in MidReC is to provide clinical guidance to prospective collaborators with MidReC and PC-CRTU, to enthuse GPs about the value of participation in research, and to continue to build the reputation and scope of the Trials Unit, as Richard McManus did before me.

I would be delighted to hear from you if you are interested in participating in any of our studies. You can contact me via email – h.j.stokeslampard@bham.ac.uk – or on my direct phone number, 0121 414 2953.

Helen Stokes-Lampard
Clinical Director, MidReC

Current studies

- BP-Eth
- FACE TIA
- OTCH
- PAM-PeRS
- PRISM II
- Rapid Reduction
- SCOT

New studies

- ARTS
- TASMIN-SR

Completed studies

- GP Attitudes to FOBt
- TASMINH2

Courses

- CPD Courses

CONTENTS

Current studies

Blood pressure Monitoring in Different Ethnic Groups

The National Institute of Health Research, Research for Patient Benefit Programme (NIHR RfPB) has funded a two-year study to investigate variations amongst ethnic minorities in different measures of blood pressure.

Three different methods of blood pressure measurement will be used: home, office and 24-hour ambulatory in 800 participants, 200 each drawn from the White British, White Irish, South Asian and African-Caribbean populations. Recruitment will be facilitated through an initial survey phase and qualitative work will elucidate patient views on the different measurement modalities.

The team have already started to recruit participants from Greenridge Surgery, SBPCT and are due to start clinics at Omnia Medical Practice, BENPCT. We are aiming to recruit from further practices in the Birmingham and Black Country Area over the coming months.

Each practice will receive detailed reports on the various blood pressure measurements of included patients and we are particularly keen to hear from practices with large South Asian and African-Caribbean populations.

If you are interested in the study, please contact us for further information.

Professor Richard McManus
Principal Investigator

Gurdip Heer
Research Nurse

Sabina Yasin/Amanpreet Johal
Research Facilitators
Tel: 0121 414 8072
Email: s.yasin@bham.ac.uk
a.johal.1@bham.ac.uk

Ramandeep Kaur (Study Administrator)
Tel: 0121 415 8298
Email: kaurru@adf.bham.ac.uk

A controlled cohort study of functional, cognitive and emotional outcomes after Transient Ischemic Attack

National stroke guidelines recommend that people with a suspected Transient Ischemic Attack (TIA) are referred to TIA clinics and managed according to their risk of further stroke. Consequently the emphasis tends to be on medical management and survival. Little is known about the long-term impact of TIA on patient reported outcomes. The aim of FACE TIA is to investigate whether or not patients have depressed mood, and/or residual functional or cognitive problems that adversely influence their day-to-day living after being diagnosed with TIA.

The study will also investigate the economic impact of TIA on the NHS. The study is predominantly questionnaire based, with an optional face-to-face cognitive screen. Postal questionnaires will measure extended activities of daily living, anxiety and depression, resource use and stroke risk factors at baseline, three, six and 12 months. The cognitive screen will be administered at baseline and 12 months and will involve a series of simple auditory and visual tasks to measure communication, memory, perception and attention skills.

In total we aim to recruit 600 participants from NHS trusts throughout the West Midlands. Two hundred patients diagnosed with a first ever TIA (group A) will be compared to 200 TIA 'mimics' (group B) and 200 healthy controls from GP registers (group C). A TIA 'mimic' relates to someone who has been referred to TIA clinic with suspected TIA and then diagnosed as NOT having had a TIA or stroke.

Recruitment for this study has now begun and we would like to invite GP practices from the West Midlands, to facilitate the recruitment of healthy controls. Workload for practices would involve a one-off search of the patient register to identify patients who have never had a stroke or TIA. The practice would also be required to send out postal invitations (in batch) to eligible patients, who are confirmed by the research team to be suitable matches for TIA participants in terms of age, gender and geographic location (deprivation score and urban/rural classification). The main research team would obtain consent and follow-up participants from this point forward, however periodically we would need access to a room at the GP practice in which to conduct the cognitive screen. Additional practice workload and resource use resulting from the study would be kept to a minimum and costs would be recompensed.

If you would like to take part in this study or would like more information about the research please contact:

Miss Nicola Brittle
Study Coordinator
Tel: 0121 414 5483
Email: n.brittle@bham.ac.uk

Professor Cath Sackley
Principal Investigator

A cluster randomised controlled trial of an occupational therapy intervention for residents with stroke living in UK care-homes (OTCH)

Funded by the National Institute for Health Research the OTCH trial is looking at the effects of a targeted course of occupational therapy for people with stroke living in a care home. This multi-centre trial hopes to ascertain the effect of occupational therapy rehabilitation on the resident's mobility and independence in self-care activities of daily living.

We are now just over six months into our two-year phased recruitment programme and are already working with over 17 care homes across Birmingham alone. Eligible residents have been identified and invited to participate. To date over 80 residents have consented to participate in the study and completed the baseline assessment. Recruitment will be extended over the rest of the West Midands over the coming months.

The care homes in the first recruitment phase were randomised in early May and half the homes were allocated to receive the intervention and half were not. For the care homes receiving the intervention, trial occupational therapists have worked with participants and care home staff at delivering the occupational therapy intervention. Where appropriate the therapist has supplied some equipment to help the person, such as adapted cutlery or provided small adaptations to the home that may help the residents improve their independence and mobility. For example, the therapist may raise the height of the chair to make it easier to stand up.

All participants randomised in the first recruitment phase have recently completed their first set of follow-up assessments (at three months post-randomisation). The assessments (on all participants recruited) specifically measure day-to-day activity and mobility and also examine the financial implications. Further follow-ups are scheduled at six and 12 months.

We hope that recruitment and follow-up will continue over the forthcoming months and that recruitment can commence at other trial sites across the country.

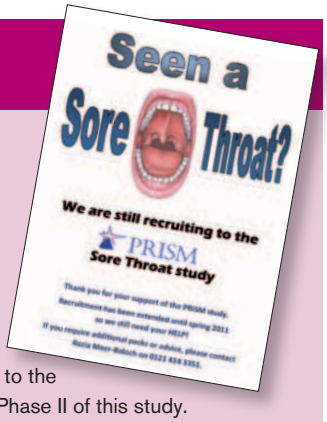
For more information about OTCH, please contact:

Katie Stant
OTCH Trial Manager
Tel: 0121 414 6510
Email: k.e.stant@bham.ac.uk

PRISM

Primary Care Streptococcal Management Study

Recruitment extended until spring 2011!



This randomised controlled trial is looking at whether using a rapid near-patient throat swab to detect bacterial infections, and obtaining a result within five minutes in the GP surgery, is a good way of targeting antibiotics. This management strategy is being compared with the two other arms of the trial – using a clinical score to determine antibiotic prescription, or delaying a prescription for five days.

Thank you so much to all the practices who continue to recruit so well and for your contribution to the success of Phase II of this study.

For more information, please contact:

- **Razia Meer-Baloch**
  Tel: 0121 414 3351
  Email: r.meerbaloch@bham.ac.uk
- **Rebecca Wallis**
  Study Administrator
  Tel: 0121 415 8671

3C Cough Complications Cohort study

Coming to your practice soon! A very similar designed study to DESCARTES and PRISM (ie, a nice easy one!)

This observational cohort study will provide evidence to predict which patients presenting to their practice with an LRTI are at high risk of adverse outcome, particularly pneumonia. It will enrol at least 30,000 patients from across the UK presenting with acute cough in whom the GP suspects LRTI. This large sample size is necessary because adverse outcome is uncommon – for example, we anticipate only 75 cases of subsequent proven pneumonia. The main analysis will estimate the predictability of adverse outcome at first presentation and the extent to which this outcome is moderated by identified cause and treatment (ie, antibiotics). The results should allow the development of a simple clinical prediction rule to help GPs restrict prescribing to those patients who are most likely to benefit from antibiotics. We will recruit patients from 3-months-old and above, presenting with cough and with suspected acute LRTI. You should receive an invitation to participate in the next few weeks.

UNIVERSITY OF BIRMINGHAM

Cut Down to Quit?

Reduction versus abrupt cessation in smokers who want to quit

A few months ago a new Cochrane Review was published challenging the conventional wisdom that the best way to quit smoking is cold turkey. The studies included in the review all compared an intervention where participants were asked to quit abruptly, with an intervention where participants reduced the amount they smoked before going on to quit. The main finding was that quit rates were comparable whichever method was used, suggesting that neither abrupt quitting nor reducing to quit are more successful quitting methods. The authors therefore conclude that smokers should be able to choose whether they quit gradually or abruptly based on what they think will suit them best and, based on past research, either method would be most beneficial when combined with behavioural support and/or nicotine replacement therapy. Unfortunately, at present the availability of behavioural support for smokers who choose to quit gradually is sparse. However with accumulating evidence demonstrating the success of reduction to quit, this will hopefully change.

Two of the authors of the review (Aveyard & Lindson) are involved in running the Rapid Reduction Trial (RRT) featured in the spring edition of this newsletter. Like the studies featured in the Cochrane Review the trial compares an abrupt and gradual quitting method, whilst providing participants with nicotine replacement therapy and behavioural support both pre- and post-quit, and will add substantially to the evidence in this area.

Help Us Help Your Patients to Quit

The trial is already live in eleven practices across South Birmingham, Solihull, Worcestershire and Warwickshire PCTs and is still looking for practices that would be interested in helping their patients to quit smoking and getting involved in these areas.

We are also expanding the trial into the new areas of Dudley, Sandwell and Walsall PCTs and so would be pleased to hear from practices in these areas. Interested practices need to be prepared to send out a letter to their patients registered as smokers encouraging them to join the trial. You will also need to provide the use of a room in the surgery where patients can be seen on a regular day or half day each week. Labour and post costs will be covered, and a trained smoking cessation nurse will be provided to run free clinics for your patients and provide the nicotine replacement therapy that they will use.

If you are interested in getting involved in the Rapid Reduction Trial then please contact:

- **Mike Healy (Trial Manager)**
  Tel: 0121 414 6422

Full Review available at: Lindson N, Aveyard P, Hughes JR. Reduction versus abrupt cessation in smokers who want to quit. *Cochrane Database of Systematic Reviews* 2010, Issue 3.

PAM-PeRS

(Effectiveness of exercise as a treatment for postnatal depression)

PAM-PeRS is an NIHR-funded study which aims to assess the effectiveness of exercise as a treatment for postnatal depression. The study has been recruiting since April 2010. Currently 56 practices from SBPCT and BENPCT are helping us to identify new mothers for this study – a really big thank you to all those practices. If your practice is not currently taking part and you would like to, please contact us. The time commitment for practices is minimal and we will reimburse practices for their time.

We are also delighted to be receiving referrals from Health Visitors from practices across SB and BEN PCTs, so please continue to encourage health visitors attached to your practice to refer into the study.

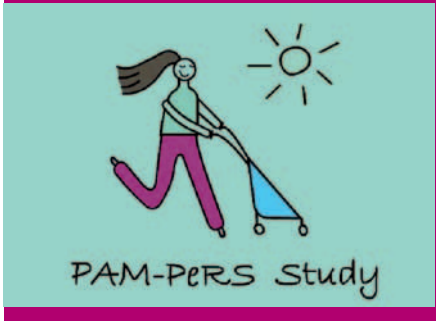
This study will run for another two years and we are hoping to start working with Health Visitors from other PCTs across the region this autumn.

If eligible, patients could benefit from one-to-one exercise consultations in their home and regular support to exercise over six months with a female physical activity advisor.

If you would like more information, please contact:

Ruth Blamey
Trial Coordinator
Tel: 0121 414 6891
Email: r.v.blamey@bham.ac.uk

Principal Investigator
Dr Amanda Daley



The Standard care versus Celecoxib Outcome Trial (SCOT Study)

SCOT

Purpose of the study

The SCOT study is designed to compare the cardiovascular safety of Celecoxib to that of traditional, non-selective NSAIDs. There is good evidence to show that Celecoxib and other Cox-2 inhibitors have less upper gastrointestinal toxicity than traditional NSAIDs but both groups of drug may also be associated with cardiovascular and renal disorders. Data from randomised and observational studies suggest that Celecoxib has similar or reduced cardiovascular toxicity compared to traditional NSAIDs. The SCOT study will clarify the cardiovascular and overall safety of Celecoxib as well as provide useful information about the comparative safety of the most commonly prescribed traditional NSAIDs.

Study procedures
The main patient recruitment criteria are: men and women who are over 60, who already receive a non-selective NSAID for Chronic use (≥ 90 days or at least three filled prescriptions in the last year), and who do not have established cardiovascular or peripheral vascular disease or severe heart failure. The patients will attend a baseline clinic run by the University Research Nurse, who will record baseline variables including medical history, bloods and urine.

Patients who remain eligible will then be randomised to take either Celecoxib or continue with their usual NSAID. The patients will attend for routine NHS prescriptions every month/two months, where we would ask you to report to us any SAEs. Follow-up of outcomes will be performed by record-linkage to hospitalisations, Adverse Events and deaths by direct reporting by study site coordinators.

Remuneration
We will provide the Research Nurses who will run the baseline clinics at the surgery, and will perform patient searches if required, therefore no staff resources are needed from you on a day-to-day basis. We expect each patient to attend the surgery 8-9 times per year for NHS prescriptions (and SAE reporting) only.

The surgery will be paid £200 per patient (required to stay in the study for 2 years), and there will be no upper limits on patient recruitment numbers.

Contact for information about the study
If you have any questions regarding the study or your involvement in it, please feel free to contact:

Rachel Iles
Birmingham Site Research Fellow
Tel: 0121 414 2691
Email: r.iles@bham.ac.uk

The study also has its own website: **www.scottrial.co.uk**

New studies

ARTS – Attentional Bias Retraining in Smokers Attempting Smoking Cessation

Although there are effective treatments to help smokers quit for a few weeks, most return to smoking within a year. There are currently no successful treatments to prevent this.

One reason why people start smoking again is because of triggers or cues related to smoking in the environment that remind them of smoking, such as a lighter or a packet of cigarettes. Previous research has shown that smokers have an 'attentional bias', where they tend to pay more attention to these cues related to smoking. This can cause cravings that lead people back to smoking again.

The National Institute for Health Research (NIHR) has now funded a three-year study to explore whether a computer retraining programme can change the way people process smoking-related cues while they attempt to stop smoking.

Smokers who would like to quit using the NHS Stop Smoking Services will be randomised to one of two groups, where they will either complete six weekly sessions of the computer programme with retraining or without retraining. All smokers will receive ongoing behavioural support and nicotine replacement therapy. We hope to recruit 200 smokers over 15 months.

We are looking to recruit practices within South Birmingham PCT who are prepared to write to, and invite, their patients to join the study. Any costs in doing so will be covered by us. We hope to start recruiting in October 2010. If your practice would like to take part or would like further information, please contact:

Rachna Begh
Principal Investigator
Tel: 0121 414 3026
Email: r.begh@bham.ac.uk

Targets and Self-Management for the control of blood pressure in Stroke and at-risk groups: A randomised controlled trial

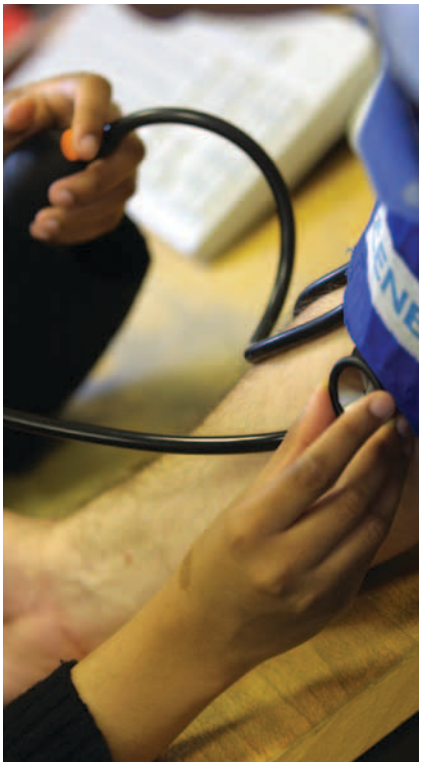
We have gained funding from the NIHR to undertake a trial to continue the TASMIN series of work. The TASMINH study (BMJ, 2005) showed that self-monitoring of blood pressure by patients at their own GP surgery resulted in significantly lower blood pressure than achieved via usual care. Our recent TASMINH2 study (Lancet 2010) extended this, showing that self management of hypertension (self-monitoring at home, plus self-titration of medication with telemetry) resulted in significantly lower (5.4mmHg) systolic blood pressure after one year as compared to traditional management. Our new trial will determine whether this approach is effective in high risk groups such as CVD, diabetes or CKD, and whether a simpler intervention not including telemetry is effective.

Recruitment will hopefully start in November 2010, and we are currently looking for new practices to take part. We are aiming to randomise 540 patients and will be conducting the study both in the West Midlands area and also nationwide. We are looking for practices with list sizes of around 7000 patients or more, who are able to accommodate the study by the end of 2010/start of 2011. We would hope to recruit about 22 patients per practice, of which 11 would be intervention and 11 control patients, so the study can easily be managed within the workload of the practice. If you would like to express an interest, or would like further information, please contact either:

Dr Emma Bray
Trial Manager
Tel: 0121 414 8071
Email: e.p.bray@bham.ac.uk

Or

Prof Richard McManus
GP and Study Lead
Email: r.j.mcmanus@bham.ac.uk



Completed studies

GPs are supportive of the bowel screening programme

Damery S, Clifford S, Wilson S. Colorectal cancer screening using the faecal occult blood test (FOBt): a survey of GP attitudes and practices in the UK. *BMC Family Practice*. 2010, 11:20.

ABSTRACT

Background:
Colorectal cancer (CRC) is the third most common cancer in the UK. Five-year survival rates are less than 50%, largely because of late diagnosis. Screening using faecal occult blood tests (FOBt) can detect bowel cancer at an earlier stage than symptomatic presentation, and has the potential to significantly decrease colorectal cancer mortality. However, uptake of screening is currently relatively low, despite the introduction of the NHS Bowel Cancer Screening Programme (NHSBCS). There is considerable evidence that demonstrates that the uptake of screening is increased if the GP recommends the screening test to their patients. Whether a GP recommends CRC screening to their patients is likely to be affected by their attitude towards bowel screening, along with perceptions of its efficacy.

Methods:
This paper presents the findings of a cross-sectional postal survey of GPs in the UK that aimed to investigate their attitudes in relation to colorectal cancer screening and the use of FOBt in routine practice. An 'attitude' score was calculated, and binary logistic regression used to evaluate the association of socio-demographic and general practice attributes with attitudes towards CRC screening and FOBt.

Results:
Of 3,191 GPs surveyed, 960 returned usable responses (response rate 31%). The vast majority of respondents (78%) perceived bowel screening to be either 'very' or 'somewhat' effective and only 6.8% of GPs had a 'negative' attitude towards bowel screening. The majority of GPs (64%) reported that screening should commence at an earlier age (current guidelines: commence at 60 years) and 64% believed that screening should be less frequent (current guidelines: every 2 years). Positive attitudes were associated with personal experience of CRC screening and Asian or Asian British ethnicity. GPs from practices located in more deprived areas were also more likely to have positive attitudes towards FOBt and its recommendation to patients.

Conclusions:
The success of population-based screening for bowel cancer will be influenced by GP attitudes and support, particularly with regard to FOBt. A number of patient and system-related barriers to screening uptake were identified by respondents. However, the majority of GPs supported centrally-organised delivery of CRC screening.

Regression analyses which incorporated GP and practice attributes did not explain the variability in observed attitudes and suggest that other, cross-cutting psychosocial, cultural or educational factors are important in explaining GP attitudes toward bowel screening.

Telemonitoring and Self-Management in Hypertension (TASMINH2)

We are pleased to be able to report that the main results for the TASMINH2 trial have recently been published in *The Lancet* (McManus et al, *Lancet*, 2010, 376, 163-172). The results were as follows: Five hundred and twenty-seven adults with poorly-controlled hypertension, despite treatment with one or two recommended drugs, were included in the study and randomised. Half were trained to monitor blood pressure with an automated device and make changes to treatment guided by a simple titration plan agreed in advance with their GP. Basic telemonitoring (a monthly summary of home readings sent to participating practices) ensured compliance within upper and lower safety limits for blood pressure.

Self-management controlled systolic blood pressure better than usual care for at least one year (17.6 mm Hg decrease v 12.2 mm Hg decrease; difference 5.4 mm Hg, 95% CI 2.4 to 8.8; P=0.0004). This magnitude of improvement would reduce the incidence of stroke by around 20% assuming a similar effect to that seen in clinical outcome trials.

A quarter of self-managing patients had at least one reading outside the study's safety limits, but only 4% (9/234) failed to seek medical help, which triggered a phone call from the research team. Self-managing patients took more drugs than controls by the end of the study and 70% (148/210) made at least one change to their treatment. The intervention group reported more leg swelling than the control group, probably because they took more calcium antagonists.

We would once again like to take this opportunity to thank all the practices that took part in this study, and to highlight that our follow-up TASMIN-SR trial will be starting shortly. If you are interested in taking part please contact either:

Dr Emma Bray
Research Fellow and Trial Manager
Email: e.p.bray@bham.ac.uk
Or
Prof Richard McManus
Principal Investigator and GP
Email: r.j.mcmanus@bham.ac.uk

Courses

CPD courses available within the Department of Primary Care Clinical Sciences

The CPD team exists to try and meet the educational needs of health care professionals involved in all aspects of primary care chronic disease management. The current palate of courses has been driven by demand from our students. Details of all developments are available on www.medicine.bham.ac.uk/cpd and some information on a selection of the courses is given below.

MSc accredited courses

Anticoagulation Management in Primary Care
2011 dates: 21–23 March, 13–15 June, 12–14 September or 28–30 November

The course aims to enable autonomous practice in dealing with fundamental and more complex problems of oral anticoagulation management.

Learning outcomes:

- An understanding of the theory underpinning anticoagulation management
- An understanding of the pharmacology of vitamin K antagonists and the relevant medication, side effects, antidotes, interactions and dosing
- A knowledge of the management of anticoagulation and prevention of complications on the basis of current guidelines and existing research evidence
- An understanding of the roles of the multi professional disciplinary team in managing anticoagulation safely
- An understanding of the requirements of clinical governance for anticoagulation
- Management, developing/adapting and applying audit tools with performance indicators

Cardiovascular disease prevention and management in the community
2010 dates: 25–26 November and 16–17 December

The aim of the course is to provide knowledge of new insights into the area of cardiovascular disease prevention and management and how to apply this to practice, and a critical awareness of current problems and management issues.

It will provide skills to enable autonomous practice in dealing with more complex problems and unpredictable situations and the ability to critically evaluate current research in the field of cardiovascular disease and associated conditions. Comprising self-directed learning, contact days involving lectures, seminars, group discussion and practical placements, this course is aimed at health professionals working in the community who are required to develop their competencies to an advanced level.

Places still available on the above 2010 course. Contact us on 0121 414 2677 to book your place.

Management of Heart Failure in Primary Care
2011 dates: 31 January – 3 February

The aim of the course is to provide an understanding of heart failure and a knowledge of how to apply this to practice; a critical awareness of current management issues and new insights into the management of heart failure.

The course is in line with the approaches set out in the NICE guidelines for Heart Failure and the Quality and Outcome Framework indicators for good practice.

The course focuses on the validation of competencies for all primary care clinicians involved in heart failure care in the community. Programme includes: anatomy, physiology and function of the heart, echocardiogram, epidemiology and definition of heart failure, investigations, managing related clinical events and the role of the specialist nurse.

Hypertension Management in Primary Care
2011 dates: 7–10 March

The course was developed to assist clinicians in the management of hypertension in the community. The learning outcomes of the course include demonstrating a conceptual and systematic understanding to deal with complex issues underpinning hypertension management in primary care; evaluating critically the management of hypertension and prevention of long term complications according to current guidelines, including secondary causes, risk calculation and management during pregnancy.

CPD Courses

Oral Anticoagulation Management for Health Care Assistants and Assistant Practitioners

2011 dates: 16 February, 18 May, 21 September or 16 November

The course is aimed at health care assistants and assistant practitioners working within anticoagulation clinics. This course aims to provide a basic knowledge of point of care (POC) devices including blood testing technique and quality control for oral anticoagulation management in primary care.

Learning objectives:

- A basic knowledge of the principles of anticoagulation therapy, indications for its use, side effects and interactions
- An understanding of the principles of point of care testing, finger prick technique and quality control
- A knowledge of health and safety issues of blood sampling in practice and liaison with laboratory services
- An understanding of the important components of a protocol for management of oral anticoagulation in primary care

Atrial Fibrillation – detection and treatment

2010 dates: Tuesday 9 and Wednesday 10 November

The aim of the course is to provide theoretical and practical knowledge of the condition of Atrial Fibrillation and an update of the management.

Learning objectives:

- Understanding the theory underpinning the disease of Atrial Fibrillation
- Understanding diagnostic and assessment criteria for Atrial Fibrillation, an ability in performing a good ECG and interpreting a normal ECG as well as irregular rhythms
- Applying concepts appropriately in dealing with current evidence for treatment of AF
- Understanding the management of Atrial Fibrillation, when referral is appropriate, the roles of the multi professional team in managing AF safely and national guidelines, quality and outcome framework aimed at stroke prevention

Oral Anticoagulation Management update day

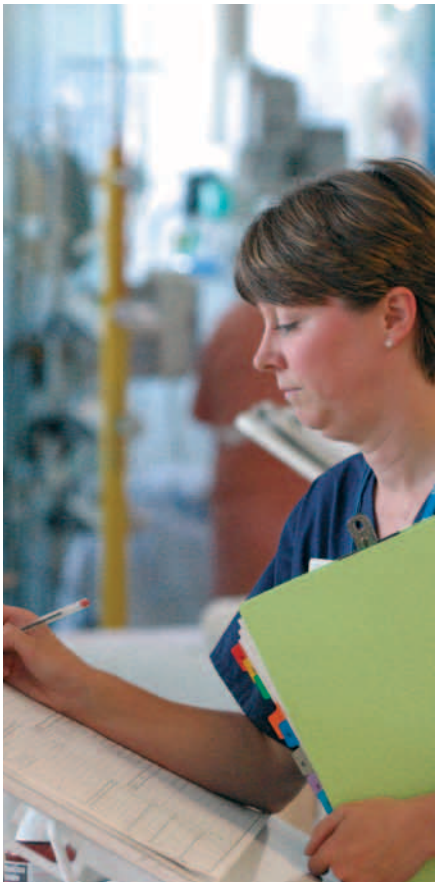
2010 dates: Wednesday 8 December

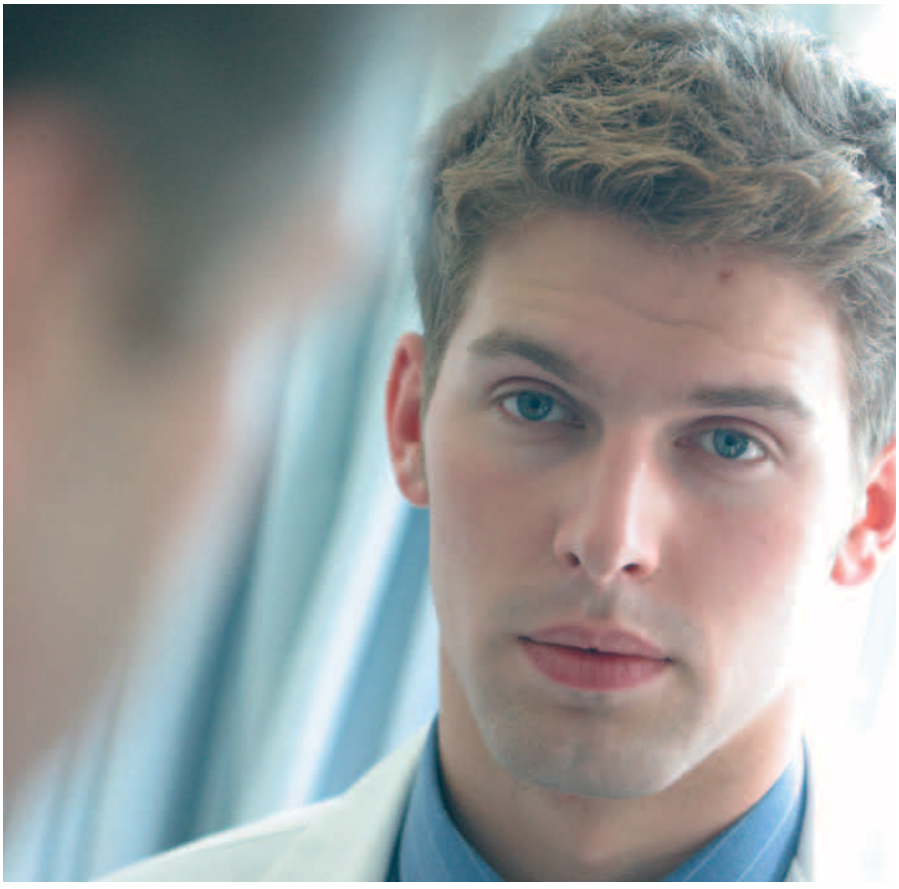
This update is aimed at graduates of the Oral Anticoagulation MSc course and those already running anticoagulation clinics for continued professional development and to keep up to date with current issues.

Details of all CPD courses and events are available at www.medicine.bham.ac.uk/cpdcourses or from Amy Partleton, telephone: 0121 414 2677, email: a.partleton@bham.ac.uk

Further modules in 2011 (details to be confirmed) will include:

- Fundamental prescribing science – Jan/Feb/March 2011
- Management of Gynaecology in the Community – January 2011
- Mental Health Care in the Community – March and May 2011





NHS
National Institute for Health Research

West Midlands
Research Design Service

What is the RDS?
The RDS exists to provide help to people preparing research proposals for submission to peer-reviewed funding competitions for applied health or social care research. The RDS essentially consists of a team of methodologists based in universities and the NHS across the West Midlands, able to advise and provide practical support when you are developing your grant application. As the RDS is funded by the NIHR for this purpose, such help is provided free of charge.

Who can use the RDS?
The RDS will provide advice to NHS researchers, and others working in partnership with the NHS, who are developing research proposals for submission to national, peer-reviewed funding competitions.

For more information on West Midlands RDS please contact Melanie Guthrie on 0121 414 7113 or rdscentre@contacts.bham.ac.uk
www.rds-wm.nihr.ac.uk

How can the RDS help me?
The RDS can advise on all aspects of preparing grant applications,

- Formulating research questions
- Building an appropriate research team
- Involving patients and carers
- Designing a study
- Appropriate methodologies for quantitative research, eg, statistical issues, health economics
- Appropriate methodologies for qualitative research, eg, sampling, analytical strategies
- Identifying suitable funding sources
- Regulatory issues
- Writing lay summaries
- Identifying the resources required for a successful project.

Advice and support is best provided face-to-face. RDS staff will be happy to meet with you at a convenient time and place to discuss your research. It is preferable to contact us at an early stage to discuss your ideas.

THE UNIVERSITY OF WARWICK
UNIVERSITY OF BIRMINGHAM
KEELE UNIVERSITY

PCRN
Primary Care Research Network
Central England

NHS
National Institute for
Health Research

Research in Primary Care

Primary Care Research Network One Day Conference

Tuesday 23 November 2010
Regency Hyatt Hotel, Birmingham
09.30–15.30

This meeting will present some of the Primary Care studies that your practice may have taken part in locally.

The meeting will include presentations from portfolio studies at different stages of the research process including:

A plenary by Professor Richard Hobbs describing internationally published cardiovascular research conducted in this region.

Studies in setup

- CACHE: Clopidogrel vs Aspirin in Heart Failure Trial
- Spread the Word: a trial of partner notification methods for sexually transmitted infections
- RCT evaluating innovative use of antibiotics to prevent exacerbations in COPD

Studies in progress

- The SCOT Trial: The Standard care versus Celecoxib Outcome Trial
- EUDRAGENE: studying the pharmacogenetics of selected adverse drug reactions
- Million Women Study

Results

- PRISM Phase 1: Primary Care Streptococcal Management Study
- IID2: Second Infectious Intestinal Disease Study
- IMAGE: Improving Management in Gastroenterology
- TASMINH2

And many more key studies...
The event is aimed at Network staff, GPs, practice nurses and AHPs.

Booking information:
If you would like to attend please contact Philippa on p.h.smith.1@bham.ac.uk or fax on 0121 4142282

The cost is £55 including lunch
(parking at the Hyatt will be extra)

Places are limited so please book early

Do you want to take part in research coordinated by Birmingham, Keele or Warwick Universities? Let us know by completing the form below.

Reply slip

Birmingham, Keele and Warwick Primary Care Research networks are now working in conjunction with the Primary Care Research Network for Central England (PCRN-CE). If you or your practice is interested in taking part in supported, remunerated, relevant research in Primary Care, please complete and return the form below. PCRN-CE is working with the following Topic Specific Networks. Please tick if you have a particular research interest in any of the following:

- ☐ Cancer
- ☐ Medicines for Children
- ☐ Mental Health
- ☐ Primary Care
- ☐ Obesity
- ☐ Stroke
- ☐ All of the above
- ☐ Other

Please let us know if you have a particular research interest not listed above.

Name: Practice code:

Practice address:

Postcode:

Please note: You will always be able to choose the level of involvement your practice would like to undertake. Only studies which have been independently peer reviewed and funded through national competition and commercial research asking relevant questions will be adopted by the PCRN-UK.

Please fax back to: 0121 414 2282

or post to:
Suki Candler
Primary Care Clinical Sciences
Primary Care Clinical Sciences Building
University of Birmingham
Edgbaston
Birmingham, B15 2TT

UNIVERSITY OF BIRMINGHAM
Edgbaston, Birmingham,
B15 2TT, United Kingdom
www.bham.ac.uk

Contact: Suki Candler, Secretary

Primary Care Clinical Sciences
University of Birmingham
Primary Care Clinical Sciences Building
Edgbaston, Birmingham B15 2TT
Tel: 0121 414 8843
Fax: 0121 414 2282
www.haps.bham.ac.uk/primarycare/pc-crtu

General Enquiries
Tel: 0121 414 8843
Fax: 0121 414 2282

Randomisation Service
We now offer a telephone randomisation service for studies. Contact us for further details on 0121 415 8671